

1	Unified Rate Review v3.3																																																				
2																																																					
3	Company Legal Name:		Aetna Health Inc. (a PA corp.)										State:		KY																																						
4	HIOS Issuer ID:		34822										Market:		Individual																																						
5	Effective Date of Rate Change(s):		1/1/2017																																																		
6																																																					
7																																																					
8	Market Level Calculations (Same for all Plans)																																																				
9																																																					
10																																																					
11	Section I: Experience period data																																																				
12	Experience Period:		1/1/2015		to		12/31/2015																																														
13							Experience Period																																														
14							Aggregate Amount		PMPM																																												
15	Premiums (net of MLR Rebate) in Experience Period:						\$1		\$1.00		100.00%																																										
16	Incurred Claims in Experience Period						\$0		-		0.00%																																										
17	Allowed Claims:						\$0		-		0.00%																																										
18	Index Rate of Experience Period								\$0.00																																												
19	Experience Period Member Months						1																																														
20	Section II: Allowed Claims, PMPM basis																																																				
21							Experience Period				Projection Period: 1/1/2017		to		12/31/2017		Mid-point to Mid-point, Experience to Projection:						24 months																														
22							on Actual Experience Allowed				Adj't. from Experience		Annualized Trend				Projections, before credibility Adjustment				Credibility Manual																																
23	Benefit Category		Utilization		Utilization per		Average		PMPM		Pop'l risk						Utilization per		Average		Utilization		Average		PMPM																												
24	Inpatient Hospital		Days		1.00		\$1.00		\$0.00		Morbidity		Other		Cost		1.00		\$1.00		382.68		\$2,715.57		\$86.60																												
25	Outpatient Hospital		Visits		1.00		1.00		0.00		1.000		1.000		1.000		1.00		1.00		874.18		1,167.70		85.06																												
26	Professional		Visits		1.00		1.00		0.00		1.000		1.000		1.000		1.00		1.00		4654.58		186.50		72.34																												
27	Other Medical		Visits		1.00		1.00		0.00		1.000		1.000		1.000		1.00		1.00		2964.69		319.22		78.87																												
28	Capitation		Benefit Period		1.00		1.00		0.00		1.000		1.000		1.000		1.00		1.00		11988.58		0.00		0.00																												
29	Prescription Drug		Prescriptions		1.00		1.00		0.00		1.000		1.000		1.000		1.00		1.00		14741.94		45.31		55.66																												
30	Total								\$0.00																\$378.53																												
31																																																					
32	Section III: Projected Experience:																						After Credibility		Projected Period Totals																												
33																							\$378.53		\$2,457,816																												
34																							0.589																														
35																							\$222.96		\$1,447,654																												
36																							-14.38		(93,369)																												
37																							\$237.34		\$1,541,023																												
38																							0.00		0																												
39																							\$237.34		\$1,541,023																												
40																																																					
41																							15.63%		49.63																												
42																							3.90%		12.38																												
43																							5.73%		18.20																												
44																									\$317.55																												
45																									\$378.53																												
46																									31654.90%																												
47																									1681.99%																												
48																									6,493																												
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																																																				
50																																																					

Premium Info	EHB Percent of TP, [see instructions]	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	state mandated benefits portion of TP that are other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Claims Information	Total Allowed Claims (TAC)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	EHB Percent of TAC, [see instructions]	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	state mandated benefits portion of TAC that are other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Allowed Claims which are not the issuer's obligation:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0						
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!													
	Total Incurred claims, payable with issuer funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Net Amt of Rein	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Net Amt of Risk Adj	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Incurred Claims PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Allowed Claims PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EHB portion of Allowed Claims, PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Section IV: Projected (12 months following effective date)

Premium Information	Plan ID (Standard Component ID):	Total	34822KY0050001	34822KY0050002	34822KY0050003	34822KY0050004	34822KY0050005	34822KY0050006	34822KY0050007	34822KY0040001	34822KY0040002	34822KY0040003	34822KY0040004	34822KY0040005	34822KY0040006	34822KY0040007
	Plan Adjusted Index Rate	\$314.69	\$454.28	\$347.43	\$282.94	\$294.64	\$270.09	\$306.09	\$319.68	\$460.53	\$352.21	\$286.83	\$298.70	\$273.81	\$310.30	\$324.08
	Member Months	6,493	260	714	1,006	1,006	130	1,169	1,201	65	130	260	260	32	130	130
Claims Information	Total Premium (TP)	\$2,043,281	\$118,113	\$248,065	\$284,638	\$296,408	\$35,112	\$357,819	\$383,936	\$29,934	\$45,787	\$74,576	\$77,662	\$8,762	\$40,339	\$42,130
	EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Allowed Claims (TAC)	\$2,457,845	\$120,743	\$290,879	\$366,250	\$386,045	\$45,695	\$409,906	\$449,943	\$30,601	\$53,690	\$95,959	\$101,146	\$11,403	\$46,213	\$49,373
	EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Allowed Claims which are not the issuer's obligation	\$917,649	\$33,354	\$104,948	\$150,251	\$161,701	\$18,965	\$139,733	\$160,808	\$8,466	\$19,396	\$39,417	\$42,417	\$4,739	\$15,781	\$17,671
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$133,733	\$0	\$34,995	\$0	\$0	\$0	\$45,904	\$52,833	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Portion of above payable by HHS on behalf of insured person, as %	14.57%	0.00%	33.35%	0.00%	0.00%	0.00%	32.85%	32.86%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	\$1,540,196	\$87,388	\$185,931	\$215,999	\$224,344	\$26,730	\$270,172	\$289,135	\$22,135	\$34,293	\$56,542	\$58,728	\$6,664	\$30,433	\$31,702
	Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Net Amt of Risk Adj	-\$93,369	-\$3,739	-\$10,267	-\$14,466	-\$14,466	-\$1,869	-\$16,810	-\$17,270	-\$935	-\$1,869	-\$3,739	-\$3,739	-\$460	-\$1,869	-\$1,869
	Incurred Claims PMPM	\$237.21	\$336.11	\$260.41	\$214.71	\$223.01	\$205.61	\$231.11	\$240.75	\$340.54	\$263.79	\$217.47	\$225.88	\$208.25	\$234.10	\$243.86
	Allowed Claims PMPM	\$378.54	\$464.39	\$407.39	\$364.07	\$383.74	\$351.50	\$350.65	\$374.64	\$470.78	\$413.00	\$369.07	\$389.02	\$356.34	\$355.49	\$379.79
	EHB portion of Allowed Claims, PMPM	\$378.54	\$464.39	\$407.39	\$364.07	\$383.74	\$351.50	\$350.65	\$374.64	\$470.78	\$413.00	\$369.07	\$389.02	\$356.34	\$355.49	\$379.79